

OFFICE OF THE ATTORNEY GENERAL
Commonwealth of Virginia - An Equal Opportunity Employer
Application for Employment as Attorney

Employees of the Commonwealth and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling 1-800-552-5019.

Position applied for:

Social Security No.: Home Phone: ()
(Note: Completion is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

Full Legal Name: Business Phone: ()

Address:

EDUCATION	Attendance		Major	Degree
	From	To		
College or University				

Law School:

Bar Membership, state and year admitted:

Describe additional training and academic achievements:

WORK EXPERIENCE-Starting with the most recent, describe ALL paid, military and applicable voluntary experience which demonstrates your qualifications. You may list significantly different jobs within the same organization as separate items.
May we contact your present supervisor? __Yes __No

From (mo/yr.): To (mo/yr.):

Job Title:

Salary (Begin): (End):

Employer:

Address:

Immediate supervisor:

Title:

Describe your work:

From (mo/yr.): To (mo/yr.):

Job Title:

Salary (Begin): (End):

Employer:

Address:

Immediate supervisor:

Title:

Describe your work:

From (mo/yr.): To (mo/yr.):

Job Title:

Salary (Begin): (End):

Employer:

Address:

Immediate supervisor:

Title:

Describe your work:

From (mo/yr.):

To (mo/yr.):

Describe your work:

Job Title:

Salary (Begin):

(End):

Employer:

Address:

Immediate supervisor:

Title:

REFERENCES -- List three persons who are familiar with your qualifications and background.)

Name and Occupation	Address	Phone	Relationship

TERMS OF EMPLOYMENT

1.

Check which employment status you'd accept: ___ Salaried (benefits) ___ Hourly (No benefits) ___ Part-time salaried (leave benefits only)
2.

Are you willing to accept employment which requires you to travel? ____No ____Yes.
If yes, ____ During the day only____ Occasionally overnight____ Frequently overnight.
3.

List the geographic locations in which you are willing to work. If anywhere in Virginia, write "all" _____
4.

For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ___ Yes ___ No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
5.

Are you willing to provide your own transportation if necessary for your employment? ___ Yes ___ No.
6.

When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
____ Month ____ Day ____ Year.
7.

Have you ever been convicted of a law violation, including moving traffic violations but excluding offenses committed before your eighteenth (18) birthday which were finally adjudicated in a Juvenile Court or under a youth offender law? ____ Yes* ____ No.
8.

Have you ever been disciplined by a State bar, court, or other professional licensing or review board. ____ Yes* ____ No.
9.

Are you a judgment debtor to the Commonwealth? ____ Yes* ____ No.
10.

Has any malpractice claim or settlement ever been paid by you or on your behalf? ____ Yes* ____ No.
11.

Do you have any personal interest in matters being handled by the Office of the Attorney General? ____ Yes** ____ No.
12.

Consistent with the Virginia Code of Professional Responsibility is your representation of another present or former client likely to affect adversely your ability to represent the Commonwealth or exercise professional judgment on its behalf? ____Yes* ____ No.

* If yes, please provide detailed information on a separate sheet.

** If yes, you may be asked to provide additional information for the limited purpose of resolving question regarding conflicts of interest, multiple representation, and ethical concerns should you be employed with the Office of the Attorney General. It is understood that the provision of such information is subject to the Virginia Code of Professional Responsibility; any information thus obtained will be treated with strict confidentiality.

CERTIFICATION-I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of the State of Virginia. I understand that all information on this application is subject to verification and I consent to references and former employers and educational institutions listed being contacted regarding this application. If further authorize the Office of the Attorney General to rely upon and use, as it sees fit, any information from such contacts. Information contained on this application may be disseminated to other state agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown on as determined by the Attorney General or designee.

Date

Applicant Signature

Supplemental Information

Applicant Name: _____

Please indicate your interest and/or experience level in all applicable practice areas.

- A. Area of Interest – no experience.
- B. Some knowledge and experience in this area.
- C. Have handled many and/or complex matters in this area.
- D. Special accreditation or admission to practice in this area.

[illegible]

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

<p>Check the block for the racial or ethnic group with which you identify:</p> <p><input type="checkbox"/> White (includes Arabian)</p> <p><input type="checkbox"/> Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)</p> <p><input type="checkbox"/> Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)</p> <p><input type="checkbox"/> Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)</p> <p><input type="checkbox"/> American Indians (includes Alaskans)</p>	<p>Check the block for the highest level of education you have completed (check only one):</p> <p><input type="checkbox"/> Less than 8th grade</p> <p><input type="checkbox"/> Completed 8th grade</p> <p><input type="checkbox"/> Attended high school</p> <p><input type="checkbox"/> High school graduate or equivalent</p> <p><input type="checkbox"/> Attended college and/or associate degree</p> <p><input type="checkbox"/> College graduate</p> <p><input type="checkbox"/> Attended graduate school</p> <p><input type="checkbox"/> Master's degree</p> <p><input type="checkbox"/> Graduate study beyond master's requirements</p> <p><input type="checkbox"/> Ph.D. or professional degree</p>	<p>Check the appropriate block:</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p>Please indicate your date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Position applied for: <input type="text"/></p> <p>Position number: <input type="text"/></p> <p>FOR OFFICE USE ONLY</p> <p>EEO Category: <input type="text"/></p>
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How did you find out about this employment opportunity? If a publication, please indicate which one.